INFORMATION BULLETIN



WELFARE-TO-WORK

Number: WB99-54

Date: October 12, 1999 Expiration Date:12/31/00

69:145:gl:3188

TO: SERVICE DELIVERY AREA ADMINISTRATORS

PRIVATE INDUSTRY COUNCIL CHAIRPERSONS WELFARE-TO-WORK 15 PERCENT SUBGRANTEES DOL WELFARE-TO-WORK 25 PERCENT SUBGRANTEES

COUNTY WELFARE DIRECTORS

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES STAFF

EDD EXECUTIVE STAFF

WORKFORCE DEVELOPMENT BRANCH STAFF

SUBJECT: EMPLOYMENT OPPORTUNITIES FOR CalWORKS PARTICIPANTS

The purpose of this information bulletin is to transmit information released by the California Department of Social Services regarding certified nurse assistant (CNA) career opportunities for California Work Opportunity and Responsibility to Kids (CalWORKs) program Welfare-to-Work (WtW) participants.

According to the California Association of Health Facilities, between now and January 2003, California will need approximately 97,000 CNA to work in long-term care facilities. The attachment contains the projected workforce requirements listed by county.

Employment in a long-term care facility as a CNA provides career advancement opportunities with other health care providers and hospitals. Many CNAs further their training to include careers as a licensed vocational nurse or registered nurse. The CNA training requires the completion of 100 hours of work in a clinical health care facility and 50 hours in a classroom setting. Most CNA training is conducted through facility-based training facilities such as the American Red Cross, community colleges, or private schools.

The need for CNAs should provide excellent employment opportunities for large numbers of WtW grant clients. The WtW program providers are encouraged to offer career opportunities as a CNA to their clients. The CNA training, employment, and subsequent career advancement will aid WtW clients in becoming self-sufficient.

If you have any questions regarding this information bulletin, please contact your program manager at (916) 654-7799.

/S/ BILL BURKE
Assistant Deputy Director

Attachment

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



August 27, 1999

TO: ALL COUNTY WELFARE-TO-WORK COORDINATORS LETTER

FROM: SUZANNE NOBLES, Chief

Employment Bureau

SUBJECT: EMPLOYMENT OPPORTUNITIES FOR CALWORKS PARTICIPANTS

The purpose of this letter is to inform counties about a career field that may provide employment opportunities for CalWORKs welfare-to-work participants. According to the California Association of Health Facilities (CAHF), California's long-term care facilities (LTC) will need a total of 108,000 new direct care givers between now and January 2003. CAHF estimates that 90 percent of these jobs will be for certified nurse assistants (CNAs). See Attachment A for a county-by-county breakdown of personnel needs.

The CNA assists other health care professionals in LTC nursing facilities. Typical CNA duties include such things as providing assistance with feeding, bathing, walking, and personal grooming of patients. To become a CNA in California, an individual must:

- Be age 16 or older;
- Complete 150 hours of training in a training program approved by the California Department of Health Services (50 hours in a classroom setting and 100 hours in a clinical health care facility);
- Pass a State competency examination;
- Be fingerprinted and pass a criminal background check;
- Be able to read and write in the English language; and
- Have a valid picture ID.

Most CNA training is conducted through facility-based training facilities, the American Red Cross, community colleges, or private schools. The class size is limited to 15 students, in accordance with federal regulations. Also in accordance with federal regulations, facilities that employ or make an offer to employ a student are required to pay training costs and hourly wages while the individual is in training. Individuals who are hired by care facilities while in CNA training must complete the training program in four months from their date of hire, or they must stop performing patient care duties.

Recently, representatives of CAHF met with staff from the California Department of Social Services (CDSS), the Employment Development Department (EDD), and the Health and Human Services Agency in an effort to forge a partnership to ensure that the LTCs have enough CNAs to meet their acute staffing needs. The need for large

numbers of CNAs is due, in part, to legislative changes in how staffing hours are calculated, the projected increase in the number of elderly living in California and an increase in the number of assisted living facilities/residential care facilities for the elderly providing health related services. It also is due to a CNA turnover rate of approximately 78 percent statewide (see attachment A for a county by county breakdown of the turnover rate).

According to CAHF, the high turnover rate among CNAs is due to a number of factors, including a strong economy and low unemployment rate which makes it difficult for facilities to compete with other health care providers such as hospitals and home health agencies that often offer higher wages. The average wage of a CNA is \$7.00 per hour and hospitals and other health care facilities, which are not dependent upon Medi-Cal patients, can afford to provide better wages than LTC facilities. Many individuals are hired away from nursing facilities shortly after they have completed the CNA training (CAHF estimates that 40 percent of the LTC's turnover loss is a result of staff being hired away by other health care providers). There also is an unfortunate perception among individuals seeking employment as care givers that nursing facilities are undesirable work settings.

The need for CNAs, both now and in the future, should provide excellent employment opportunities for large numbers of CalWORKs recipients. By becoming a CNA, CalWORKs recipients will learn valuable skills, provide necessary services, obtain personal satisfaction by caring for others, and gain job security. In addition, becoming a CNA provides career advancement opportunities for individuals. Many CNAs go on to become registered nurses (RNs) and licensed vocational nurses (LVNs) after successfully completing RN and LVN programs that are offered through community colleges.

Employment as a CNA can provide individuals with the ability to receive wages while training and eventually obtain economic self-sufficiency so that they can leave aid. Therefore, county welfare departments that are interested in referring clients to CNA training programs are encouraged to contact Sheree Crum of CAHF at (916) 441-6500, extension 227, or scrum@cahf.org, for additional information and locations of training programs in your local area.

If you have any questions regarding this letter, please contact Suzanne Nobles, Chief, Employment Bureau, at (916) 654-2137.

Attachments

C: CAHF EDD OSHPD

Bc: C. L. Metsker
S. Nobles
M. McCloskey M.S. 4-161
M. Yee
E. Norris
EB Chron

WORKFORCE REQUIREMENTS CERTIFIED NURSING AIDES By Total New Personnel Needed by County

			TURN	ATTRI-						
		Total #	OVER	TION						
		of	RATES	RATE		TOTAL	NEW PE	ERSONN	IEL REQ	UIRED
		FACILI-		(Based on						
		TIES		Loss Rate)		1999	2000	2001	2002	2003
#	COUNTY	IN COUNTY		40.00%						
1	LOS ANGELES		67.78%	40.00% 27.11%	-	9,625	5,914	7,067	7,426	7,785
2	SAN DIEGO	106	77.33%		-	2,401	1,581	1,865	1,963	2,060
3		89	74.46%		-	2,010	1,298	1,538	1,616	1,697
4		83	66.10%		-	1,462	886	1,062	1,115	1,169
•	SAN		0011070	2011176	-	1,10=		1,002	.,	1,100
5		58	97.65%	39.06%		1,456	1,074	1,245	1,313	1,380
6	SANTA CLARA	69	61.02%	24.41%		1,387	805	973	1,021	1,069
7	RIVERSIDE	53	79.07%	31.63%	Ī	1,163	774	913	961	1,007
8	SACRAMENTO	44	64.39%	25.76%		939	562	673	708	742
	CONTRA									
9		39	70.37%			825	518	616	648	679
10		43	65.04%		ļ	818	492	590	621	649
11		31	56.30%		ļ	681	378	460	483	505
12		29	57.65%		-	532	299	364	382	399
13		22	97.80%		-	485	359	415	439	460
14		21	80.33%		ŀ	472	316	373	393	411
15		28	85.53%		-	450	313	365	384	405
16		23	82.18%		-	439	298	350	369	387
17	TULARE	20	112.40%		-	428	337	386	408	430
18	SOLANO	15	77.36%	30.94%	-	330	217	258	270	283
40	SAN	24	44.000/	40.700/		224	450	404	200	200
19		31 16	41.80%		-	324	152	191	200	209
20 21	BUTTE	18	73.95% 59.55%		-	313	202 171	240 208	251 218	264
∠ I	MARIN SANTA	10	39.33 %	23.82%	-	299	171	200	210	228
22		19	59.82%	23.93%		287	164	199	210	219
23	PLACER	11	80.06%		-	286	191	226	237	249
24		20	66.11%		-	277	168	201	212	221
25		14	66.07%		-	264	161	192	202	211
26	NAPA	16	91.61%		-	215	155	180	189	199
	SAN LUIS		0.110.170	33.3.75	-					
27		11	76.05%	30.42%		211	138	163	172	180
28	SHASTA	12	66.29%		ŀ	200	121	146	153	161
29	YOLO	7	72.42%		-	192	122	146	153	161
30	MERCED	9	55.71%		Ī	148	81	100	105	110
31		8	77.34%		Ī	145	95	113	119	124
32	NEVADA	7	94.83%	37.93%	j	115	83	97	103	108
33	MENDOCINO	6	93.05%		j	112	82	94	100	104
34	SUTTER	4	72.22%	28.89%	Ī	107	68	80	84	90
35	LAKE	3	125.99%	50.40%		97	81	92	97	102

36	MADERA	6	53.04%	21.22%
37	KINGS	3	93.47%	37.39%
38	EL DORADO	5	103.39%	41.36%
39	IMPERIAL	3	93.68%	37.47%
40	TEHAMA	3	103.17%	41.27%
41	AMADOR	2	58.70%	23.48%
42	SISKIYOU	3	74.16%	29.66%
43	CALAVERAS	2	62.65%	25.06%
44	COLUSA	2	97.37%	38.95%
45	LASSEN	2	73.85%	29.54%
46	SAN BENITO	2	26.09%	10.43%
47	DEL NORTE	1	52.31%	20.92%
48	YUBA	2	53.85%	21.54%
49	INYO	2	183.33%	73.33%
50	GLENN	1	56.36%	22.55%
51	PLUMAS	4	55.88%	22.35%
52	ALPINE	2	NMF	0.00%
53	MARIPOSA	1	NMF	0.00%
54	MODOC	2	NMF	0.00%
55	MONO	2	NMF	0.00%
56	SIERRA	1	NMF	0.00%
57	TRINITY	1	NMF	0.00%
58	TUOLOMNE	2	NMF	0.00%
	TOTALS	1,499	72.02%	28.81%

96	52	63	66	70
92	66	77	83	86
90	69	80	83	89 69 54
90 74	53	62	66	69
54	42	48	50	54
48	28	33	35	37
42	27 18	32	33	36
33	18	24 26 19	25	25
30	21 17	26	26	29
25	17	19	20	22
30 25 24 23 20 19	8	12 16	33 25 26 20 12 15	36 25 29 22 12 17
23	12 11	16	15	17
20	11	13 19	14 22	15 22
19	19	19	22	22
18	10	13	12	14
13	8	9	10	10
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
30,196	19,117	22,727	23,897	25,064
30,196	49,313	72,040	95,937	121,001

CUMULATIVE

*Note

Data does not include requirements for long term care facilities that are hospital based This information was compiled by the California Association of Health Facilities 11-Aug-99